

<i>SERFF Tracking Number:</i>	<i>TRVC-125385643</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Northland Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NIC-07-020AR</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>Form Addition/NIC-07-020AR</i>		

Filing at a Glance

Companies: Northland Casualty Company, Northland Insurance Company

Product Name: Commercial Auto

SERFF Tr Num: TRVC-125385643 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0003 Other

Co Tr Num: NIC-07-020AR

State Status: Fees verified and received

Filing Type: Form

Co Status: Pending

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Debbie Schmidt

Disposition Date: 12/14/2007

Date Submitted: 12/12/2007

Disposition Status: Approved

Effective Date Requested (New): 03/01/2008

Effective Date (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (Renewal):

03/01/2008

State Filing Description:

General Information

Project Name: Form Addition

Status of Filing in Domicile: Not Filed

Project Number: NIC-07-020AR

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/14/2007

State Status Changed: 12/14/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In compliance with the insurance laws and regulations in your state, Northland Insurance Company and Northland Casualty Company respectfully submit this filing for our Commercial Auto programs.

By this submission we propose to place on file our Supplementary Commercial Automobile Applications for the selection or rejection of Uninsured and Underinsured Motorists Coverage and Personal Injury Protection. Please place on file the following new forms in compliance with your States' requirements:

SERFF Tracking Number:	TRVC-125385643	State:	Arkansas
First Filing Company:	Northland Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	NIC-07-020AR		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Commercial Auto		
Project Name/Number:	Form Addition/NIC-07-020AR		

- N-3559 (10/07) Supplementary Commercial Automobile Application - Arkansas
- N-3528 (10/07) Supplementary Commercial Automobile Application Personal Injury Protection -Arkansas

Your acknowledgment and approval of this filing to be effective March 1, 2008, sent via SERFF, will be appreciated.

Company and Contact

Filing Contact Information

Debbie Schmidt, Manager, State Filings- Transportation	dschmid2@northlandins.com
385 Washington Street	(800) 237-9334 [Phone]
St. Paul, MN 55120-1146	(800) 419-8515[FAX]

Filing Company Information

Northland Casualty Company	CoCode: 24031	State of Domicile: Minnesota
385 Washington St	Group Code: 3548	Company Type: Property Casualty
Mail Code 9275-SB03N		
St. Paul, MN 55102	Group Name:	State ID Number:
(800) 237-9334 ext. [Phone]	FEIN Number: 94-6051964	

Northland Insurance Company	CoCode: 24015	State of Domicile: Minnesota
385 Washington St	Group Code: 3548	Company Type: Property Casualty
Mail Code 9275-SB03N		
St. Paul, MN 55102	Group Name:	State ID Number:
(800) 237-9334 ext. [Phone]	FEIN Number: 41-6009967	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form submission
Per Company:	No

<i>SERFF Tracking Number:</i>	<i>TRVC-125385643</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Northland Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NIC-07-020AR</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>Form Addition/NIC-07-020AR</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Northland Casualty Company	\$50.00	12/12/2007	17079087
Northland Insurance Company	\$0.00	12/12/2007	

<i>SERFF Tracking Number:</i>	<i>TRVC-125385643</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Northland Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NIC-07-020AR</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>Form Addition/NIC-07-020AR</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/14/2007	12/14/2007

<i>SERFF Tracking Number:</i>	<i>TRVC-125385643</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Northland Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NIC-07-020AR</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>Form Addition/NIC-07-020AR</i>		

Disposition

Disposition Date: 12/14/2007
Effective Date (New): 03/01/2008
Effective Date (Renewal): 03/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>TRVC-125385643</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Northland Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NIC-07-020AR</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>Form Addition/NIC-07-020AR</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Supplementary Commercial Automobile Application - Arkansas	Approved	Yes
Form	Supplementary Commercial Automobile Application Personal Injury Protection - Arkansas	Approved	Yes

SERFF Tracking Number:	TRVC-125385643	State:	Arkansas
First Filing Company:	Northland Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	NIC-07-020AR		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Commercial Auto		
Project Name/Number:	Form Addition/NIC-07-020AR		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Supplementary Commercial Automobile Application - Arkansas	N-3559	(10/07)	Election/Re New jection/Sup plemental Application s		0.00	N3559 10-07.pdf
Approved	Supplementary Commercial Automobile Application Personal Injury Protection - Arkansas	N-3528	(10/07)	Election/Re New jection/Sup plemental Application s		0.00	N3528 10-07.pdf



SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

ARKANSAS

(To be completed and signed by Named Insured)

Policy Number: _____

Name _____

Address _____

UNINSURED MOTORISTS COVERAGE - BODILY INJURY

An Uninsured Motor Vehicle means a motor vehicle (1) for which no liability bond or policy at the time of the accident provides at least the amounts required by applicable law; or (2) for which an insuring or bonding company denies coverage or is insolvent; or (3) that is a hit and run vehicle. Refer to your policy for the prevailing coverage provisions.

Your automobile liability or motor vehicle liability policy shall automatically include Uninsured Motorists coverage for damages resulting from bodily injury for protection against the owner or operator of an uninsured motor vehicle from which the insured is legally entitled to recover damages, in an amount equal to the policy's Bodily Injury Liability limits, unless you reject said coverage or select lower limits as indicated below.

- ☐ I wish to reject Uninsured Motorists coverage.
- ☐ I wish to select Minimum Financial Responsibility (MFR) limits of \$25,000 each person, \$50,000 each accident; or \$50,000 each accident combined single limit (CSL). The Uninsured Motorists coverage limits will be either split (each person/ each accident) or a combined single limit (CSL), consistent with the Bodily Injury Liability limits on your policy.
- ☐ I wish to select limits which are less than the policy's Bodily Injury Liability limits, but greater than the MFR limits. (Specify Limit)
- ☐ \$100,000 each accident (CSL)
 - ☐ \$ 250,000 each accident (CSL)
 - ☐ \$ 300,000 each accident (CSL)
 - ☐ \$ 350,000 each accident (CSL)
 - ☐ \$ 500,000 each accident (CSL)
 - ☐ \$ 750,000 each accident (CSL)
 - ☐ \$ 1,000,000 each accident (CSL)
 - ☐ \$ _____

UNINSURED MOTORISTS COVERAGE - PROPERTY DAMAGE

If you are purchasing Uninsured Motorists coverage for bodily injury, we are required to provide you with the opportunity to purchase Uninsured Motorists coverage for property damage for protection against the owner or operator of an uninsured motor vehicle from which the insured is legally entitled to recover damages. Please indicate your selection of limits below:

- ☐ \$ 25,000 each accident
- ☐ \$ 50,000 each accident
- ☐ \$ 100,000 each accident
- ☐ I wish to purchase Uninsured Motorists coverage for property damage in an amount equal to the policy's property damage liability limits.
- ☐ I do not wish to purchase Uninsured Motorists coverage for property damage.

NOTE: Uninsured Motorists coverage for property damage is subject to a \$200 deductible. However, if you have elected to purchase a large deductible rating plan, the deductible rating plan amount shown on the deductible endorsement in your policy shall apply.

UNDERINSURED MOTORISTS COVERAGE

An Underinsured Motor Vehicle means a motor vehicle for which the sum of all liability bonds or policies at the time of an accident provides a limit that is less than the amount an insured is legally entitled to recover as damages caused by the accident. Refer to your policy for the prevailing coverage provisions.

If you are purchasing Uninsured Motorists coverage for bodily injury, we are providing you with the opportunity to purchase Underinsured Motorists coverage. Underinsured Motorists coverage enables recovery for damages resulting from bodily injury which the insured is legally entitled to recover from the owner or operator of another motor vehicle when the liability insurance limits of the other owner or operator are less than the amount of the damages incurred by the insured.

- ☐ I do not wish to purchase Underinsured Motorists coverage.
- ☐ I wish to select limits equal to the policy's Bodily Injury Liability limit.
- ☐ I wish to select Minimum Financial Responsibility (MFR) limits of \$25,000 each person, \$50,000 each accident; or \$50,000 each accident combined single limit (CSL). The Underinsured Motorists coverage limits will be either split (each person/ each accident) or a combined single limit (CSL), consistent with the Bodily Injury Liability limits on your policy.

☐ I wish to select limits which are less than the policy's Bodily Injury Liability limits, but greater than the MFR limits.
(Specify Limit)

- ☐ \$100,000 each accident (CSL)
- ☐ \$ 250,000 each accident (CSL)
- ☐ \$ 300,000 each accident (CSL)
- ☐ \$ 350,000 each accident (CSL)
- ☐ \$ 500,000 each accident (CSL)
- ☐ \$ 750,000 each accident (CSL)
- ☐ \$ 1,000,000 each accident (CSL)
- ☐ \$ _____

I understand that my coverage election shall apply on the policy or policies in effect at the time this form is executed and all future renewal policies until I notify the Company IN WRITING of any changes.

My signature below, and/or payment of any premiums evidences my actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits I have selected, rejected or accepted by default.

Signature of Named Insured

Date



SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION PERSONAL INJURY PROTECTION

ARKANSAS

(To be completed and signed by Named Insured)

Policy Number: _____

Name _____

Address _____

PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE

If your automobile liability insurance policy covers a private passenger motor vehicle it will be issued with minimum Medical Expense benefits, Work Loss benefits and Accidental Death benefits.

1. Medical Expense benefits provides coverage for reasonable and necessary medical expenses, including hospital, nursing, dental, surgical, ambulance and funeral expenses.

You may select limits up to an aggregate of \$10,000 per person or reject this coverage entirely, by indicating below.

☐ Medical Expense benefits at the limit of \$ _____, per person (\$10,000 maximum)

☐ Medical Expense benefits are rejected.

2. Work Loss benefits provide for 70% of the loss of income from work during a period commencing 8 days after the date of the accident, and not to exceed 52 weeks, subject to a maximum of \$140 per week. For a non-income earner, the benefits consist of expenses not to exceed \$70.00 per week, or any fractional part of a week, which are reasonably incurred for essential services in lieu of those the injured person would have performed without income. You may reject Work Loss benefits by indicating below.

☐ Work Loss benefits are rejected.

3. Accidental Death benefits provide for \$5,000 to be paid to the personal representative of the insured, should injury, sickness or disease resulting from an automobile accident cause death within one (1) year from the date of the accident. You may reject Accidental Death benefits by indicating below.

☐ Accidental Death benefits are rejected.

I understand that my coverage election shall apply on the policy or policies in effect at the time this form is executed and all future renewal policies until I notify the Company IN WRITING of any changes.

My signature below, and/or payment of any premiums evidences my actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits I have selected, rejected or accepted by default.

Signature of Named Insured

Date

<i>SERFF Tracking Number:</i>	<i>TRVC-125385643</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Northland Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NIC-07-020AR</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>Form Addition/NIC-07-020AR</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>TRVC-125385643</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Northland Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NIC-07-020AR</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>Form Addition/NIC-07-020AR</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	12/14/2007
-------------------------	--	-----------------------	----------	------------

Comments:

Attachment:

AR P & C Transmittal 3-07 Edition Forms. doc.pdf


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	St. Paul Travelers Affiliated Property & Casualty Insurers				Group NAIC #	3548
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
NORTHLAND INSURANCE COMPANY	MN	24015	41-6009967			
NORTHLAND CASUALTY COMPANY	MN	24031	94-6051964			

5. Company Tracking Number	NIC-07-020AR
-----------------------------------	--------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Debbie Schmidt 385 Washington Street Mail Code 9275-SB03N St. Paul, MN 55102.	Manager, State Filings- Transportation	800-237-9334 Ext 04355	800-419-8515	Dschmid2@ Northlandins.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Debbie Schmidt		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	Other
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	20.0003
12. Company Program Title (Marketing title)	Commercial Auto programs
13. Filing Type	[] Rate/Loss Cost [] Rules [] Rates/Rules [X] Forms [] Combination Rates/Rules/Forms [] Withdrawal [] Other (give description)
14. Effective Date(s) Requested	New: 3/1/08 Renewal: 3/1/08
15. Reference Filing?	[] Yes [X] No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	N/A
19. Status of filing in domicile	[] Not Filed [] Pending [X] Authorized [] Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	NIC-07-020AR
------------	--	--------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

In compliance with the insurance laws and regulations in your state, Northland Insurance Company and Northland Casualty Company respectfully submit this filing for our Commercial Auto programs.

By this submission we propose to place on file our Supplementary Commercial Automobile Applications for the selection or rejection of Uninsured and Underinsured Motorists Coverage and Personal Injury Protection. Please place on file the following new forms in compliance with your States' requirements:

- N-3559 (10/07) Supplementary Commercial Automobile Application - Arkansas
- N-3528 (10/07) Supplementary Commercial Automobile Application Personal Injury Protection - Arkansas

Your acknowledgment and approval of this filing to be effective March 1, 2008, sent via SERFF, will be appreciated.

2.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: EFT Amount: 50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	NIC-07-005AR
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	None

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Supplementary Commercial Automobile Application - Arkansas	N-3559 (10/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Supplementary Commercial Automobile Application Personal Injury Protection -Arkansas	N-3528 (10/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1